

SEVENTH AND EIGHTH GRADE OPEN

TEAM NAME: \_\_\_\_\_

AGE GROUP/ CATEGORY (BOYS/GIRLS): \_\_\_\_\_

COACH (Non-playing coach required): \_\_\_\_\_

TOWN: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ALL PLAYERS MUST BE PREPARED TO PRESENT IDENTIFICATION  
(BIRTH CERTIFICATE OR SCHOOL ID AT THE DOOR.)

<u>NAME</u>	<u>GRADE</u>	<u>SHIRT SIZE</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Please submit an additional roster electronically to: [Recreation@Wellfleet-ma.gov](mailto:Recreation@Wellfleet-ma.gov)

CATEGORY \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

I acknowledge I have read the Tournament rules and agree to follow them:

\_\_\_\_\_  
Signature of Non-Playing Coach

NO TEAM APPLICATIONS OR ROSTER CHANGES ACCEPTED AFTER MARCH 3, 2011